

pt. Health,
, & Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14337

FILED MAY 13 1957

STATE FILE NUMBER

Registration District No. 301

Primary Registration District No. 6041

Registrar's No. 4495

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rural.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>15 mi. E. of Doniphan.</u>		Length of stay in lb <u>4 Months.</u>	d. STREET ADDRESS (If outside, give location) <u>15 mi. E. of Doniphan, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ray</u> Middle <u>Earl</u> Last <u>Renslow.</u>			4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1957.</u>		
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 10, 1901.</u>		9. AGE (In years) <u>56.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardener.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Boaz, Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Ell G. Renslow.</u>		13b. MOTHER'S MAIDEN NAME <u>Cassie B. Davis.</u>		14. NAME OF HUSBAND OR WIFE <u>Quo. Frank Clarke.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown.</u>		16. SOCIAL SECURITY NO. <u>479-05-3589</u>	17. INFORMANT <u>Quo. Frank Clarke.</u> Address <u>Waterloo, Iowa.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>angina pectoris.</u> DUE TO (b) <u>myocardial changes.</u> DUE TO (c) <u>-</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>stroke.</u>			
20c. TIME OF INJURY Hour <u>no.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>April 1957</u> to <u>April 1957</u> and last saw <u>him</u> alive on <u>In my office 4/22</u> Death occurred at <u>his house</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. C. White, M.D.</u> (Degree or title)			22b. ADDRESS <u>Raylor, Mo.</u>		22c. DATE SIGNED <u>4/29/57.</u> (Stamp)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL.</u>	23b. DATE <u>4-16-57.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Poyner Twp.</u>		23d. LOCATION (City, town, or county) <u>Black Hawk County Iowa</u>	
24. FUNERAL DIRECTOR <u>Ray Meemar, Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-1957</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Ray Meamer.....

Licensed Embalmer No. 3743.....

P. O. Address Danipham, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.